Detailed Summary Page	CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	' Use separate sched	ule(s) (check only) FOR LINE NUMBER: PAGE 411 / 434 (check only one)	
NAME OF COMMITTEE (in Full) MEDICO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medico Health PAC) Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address PO BOX 425 City State Zip Code GA 30077 Purpose of Disbursement Candidate Name THOMAS EDMUNDS PRICE Other (specify) ▼ State: GA District: 18 District: 18 Full Name (Last, First, Middle Initial) Price Sought: X House President State: PA District: 18 Full Name (Last, First, Middle Initial) Price Sought: X House President State: PA District: 18 Full Name (Last, First, Middle Initial) State: PA District: 18 Full Name (Last, First, Middle Initial) Candidate Name THOMAS EDMUNDS PRICE Other (specify) ▼ Transaction ID: EXPB100019 Date of Disbursement In 1000.00 Transaction ID: EXPB100019 Date of Disbursement Other (specify) ▼ Transaction ID: EXPB100019 Date of Disbursement Other (specify) ▼ Transaction ID: EXPB100019 Date of Disbursement In 1000.00 Transaction ID: EXPB100019 Date of Disbursement Other (specify) ▼ Transaction ID: EXPB100019 Date of Disbursement In 1000.00		Detailed Summary P	age 21b 27	28a 28b 28c 29	
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